

RENTAL REGISTRATION FORM

City of New Albany, Indiana

Please complete all information below and sign where appropriate. This form must be resubmitted whenever the owner and/or agent information changes.

Return Application and Required Documents/Fees to: City of New Albany Building Department, 311 Hauss Sq. #329 New Albany, IN 47150 - Fax: 812-948-5325 - Phone: 812-948-5371

Registration Fees - \$5.00 per parcel

1. Type of Application			
New Rental Registration Change Contact In Change of Agent Change # Properties		nange of Owner	
2. Property Information			
Legal Property Address: Street Address			
Type Rental: Single-family Two-family	Mobile Home	Multi-Unit	
Multiple properties attach list			
3. Owner(s) Information			
Company Name (if applicable):			
Owner Name: Last First			
Address: Street Address Mailing Address (if applicable):		Apartment/Unit#	
City	State	ZIP Code	
Phone:	Email		
Cell Phone:	Fax:		
Acting as Own Agent: YES must live in Floyd or contiguous county if no, please complete, Section #4 I affirm the information contained in this registration form that it is my responsibility to notify the City of any change local agent information or change in Signature of Property Owner:	es in my mailing or contact info	ormation, changes to the ble).	

4. Agent Information (if other than Property Owner) MUST reside in Floyd County or a contiguous county Company Name (if applicable): Agent Name: First Last Address: Street Address Apartment/Unit# Mailing Address (if applicable): ZIP Code City State Phone: Email Email Cell Phone:____ Fax: I affirm the information contained in this registration form is correct. _____ Date:____ Signature of Agent: 5. Correspondence and Contact Information Send Correspondence / Billings to: Owner / Agent (circle one) **Contact for Inspection Appointments:** Owner / Agent (circle one) 6. Contact Information for Person Authorized to Order Repairs and/or Service (if different from Owner or Local Agent) Company Name (if applicable): Name: First Last Address: Street Address Apartment/Unit# Mailing Address (if applicable): ZIP Code City State Phone: Email Email Fax: I affirm the information contained in this registration form is correct.

Signature: ______ Date: _____

Please Circle Rental Type: Single-Family	Two-Family	Mobile Home	Multi-Unit
Legal Property Address		(circle type) S-F	T-F MH M-U
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